MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 09/508771	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9				/			59						
10				/			60						
11				—			61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16				/			66						
17				/			67						
18				/			68						
19			/				69						
20				—			70						
21				/			71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				—			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36			/				86						
37				/			87						
38			/				88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43			/				93						
44			/				94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		6				TOTAL IND.						
TOTAL DEP.		7		34			TOTAL DEP.						
TOTAL CLAIMS		8		40			TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT OF COMMERCE